

Administrative Special Use Permit Application

Department of Planning & Zoning 301 King Street, Room 2100, Alexandria, Virginia 22314 Phone: 703.746.4666 | www.alexandriava.gov/planning

PROPERTY LOCATION:			
ZONE:	TAX MAP REFERENCE:		
APPLICANT'S INFORMATION:			
Applicant:	Business/Trade Name:		
Address:			
Phone:	Email:		
PROPOSED USE:			
Animal Care with Overnight	Massage Establishment		
Accommodations Auto Trailer Rental or Sales	Outdoor Dining (Other than King Street Outdoor Dining Area)		
Catering Operation	Outdoor Food and Crafts Market		
Child and Elder Care Homes	Outdoor Garden Center		
Day Care Center	Outdoor Display		
Health and Athletic Club	Public School Trailers		
Light Assembly, Service, and Craft	Valet Parking		
Light Auto Repair	Vehicle Parking or Storage for More Than 20		
Live Theater	Vehicles		

PROPERTY OWNER'S AUTHORIZATION As the property owner, I hereby grant the applicant use of (property address), for the purposes of operating a (use) business as described in this application. I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property. Name: Phone: Address: Email: Cric Zabarkus Signature: Date: 1. The applicant is the (check one): Owner Contract Purchaser Lessee or Other: of the subject property. State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership. If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

Yes. Provide proof of current City business license

No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

	•				
2.	Pleas	se give a brief statement describing the use:			
3.	Pleas	Please describe the proposed hours of operation:			
	Days	Hours			
	Daily				
	Or gi	ve hours for each day of the week			
	Mon	day			
	Tueso	day			
	Wed	nesday			
	Thurs	Thursday			
	Frida	у			
	Satur	day			
	Sund	ay			
4.	Pleas	se describe the capacity of the proposed use:			
	A.	How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).			
	В.	How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).			
5.	A.	How many parking spaces of each type are provided for the proposed use:			
		Standard and compact spaces			
		Handicapped accessible spaces			
		Other			

B. Please give the number of:

Parking spaces on-site

Parking spaces off-site

If the required parking will be located off-site, where will it be located?

- 6. Please provide information regarding loading and unloading for the use:
 - A. How many loading spaces are available for the use?
 - B. Where are off-street loading spaces located?
 - C. During what hours of the day do you expect loading/unloading operations to occur?
 - D. How frequently are loading/unloading operations expected to occur per day or per week?
- 7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:
- 8. What is the square footage the use will be occupying?
 square feet

APPLICANT'S SIGNATURE

Please read and initial each statement:

THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff to visit, inspect, and photograph the building premises, land etc., connected with the application.

Print Name of Applicant or Representative

Signature Jula Coggins	Date 1/21/2022
f this application is being filed by someone other that torney), please provide the information below:	han the business owner (such as an agent o
Representative's Address:	
Phone:	
Email:	
Fax:	



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SUPPLEMENTAL APPLICATION

RESTAURANT

All applicants requesting a **Special** Use Permit for a restaurant shall complete the following section.

w many seats are propo	sed?			
oors:				
I the restaurant offer an	y of the following?			
oholic beverages				
-premises	Yes	No		
-premises	Yes	No		
e restaurant will offer the	e following service (c	check items tha	nt apply):	
table service	bar	carry-out	delivery	
delivery service is propo	sed, how many vehic	cles do you anti	icipate?	
I delivery drivers use th	eir own vehicles?	Yes	No	
nere will delivery vehicle	s he narked when no	nt in use?		
	oors: I the restaurant offer any oholic beverages -premises -premises e restaurant will offer the table service delivery service is proposed delivery drivers use the service is proposed to the service i	I the restaurant offer any of the following? oholic beverages -premises Yes -premises Yes e restaurant will offer the following service (of table service bar delivery service is proposed, how many vehicles?	I the restaurant offer any of the following? oholic beverages -premises Yes No -premises Yes No e restaurant will offer the following service (check items that table service bar carry-out delivery service is proposed, how many vehicles do you and	I the restaurant offer any of the following? oholic beverages -premises Yes No -premises Yes No e restaurant will offer the following service (check items that apply): table service bar carry-out delivery delivery service is proposed, how many vehicles do you anticipate?

SUP #

Park	king impacts. Please answer the following:
1.	What percent of patron parking can be accommodated off-street? (check one)
	100%
	75-99%
	50-74%
	1-49%
	No parking can be accommodated off-street
2.	What percentage of employees who drive can be accommodated off the street at least in the evenings and
	on weekends? (check one)
	All
	75-99%
	50-74%
	1-49%
	None
3.	What is the estimated peak evening impact upon neighborhoods? (check one)
	No parking impact predicted
	Less than 20 additional cars in neighborhood
	20-40 additional cars
	More than 40 additional cars
	er plan. The applicant for a restaurant featuring carry-out service for immediate consumption must submit a which indicates those steps it will take to eliminate litter generated by sales in that restaurant.
Alco	ohol Consumption and Late Night Hours. Please fill in the following information.
1.	Maximum number of patrons shall be determined by adding the following:
	Maximum number of patron dining seats
	+ Maximum number of patron bar seats
	+ Maximum number of standing patrons
	= Maximum number of patrons
2.	15 Maximum number of employees by hour at any one time
3.	Hours of operation. Closing time means when the restaurant is empty of patrons.(check one)
	Closing by 8:00 PM
	Closing after 8:00 PM but by 10:00 PM
	Closing after 10:00 PM but by Midnight
	Closing after Midnight
4.	Alcohol Consumption (check one)
	High ratio of alcohol to food
	Balance between alcohol and food
	Low ratio of alcohol to food



Department of Planning & Zoning

Administrative Special Use Permit New Use Outdoor Dining Supplemental

WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.

Describe the outdoor dining arrangement. What type of food service establishment is this
associated with?
HOURS
What are the proposed hours for the outdoor dining?
LOCATION ON PRIVATE PROPERTY
Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.
Will the outdoor dining be located only on private property? What is the square footage of the outdoor dining area?
Submit a drawing indicating the layout for tables, seats, planters, wait stations and barriers.

NUMBER OF SEATS
Only 20 seats may be located at outdoor tables in front of the restaurant.
How many seats will be included in the outdoor seating? 40
Thow many seats will be included in the outdoor seating:
ALCOHOL SERVICE
Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.
Is on-premise alcohol service proposed?
OUTDOOR DINING PLAN
Diago submit a datailad plan with vaur application

Please submit a detailed plan with your application

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

Last updated: 11.2020





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